

emailed validation letter  
RB 9/23/09

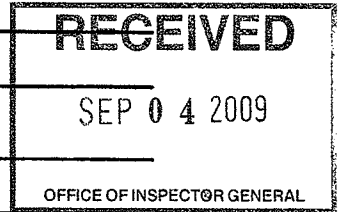
**Application for License to  
Operate a Long-term Care Facility**

For Office Use Only  
Received 9.4.09  
Amount \$2130.

ck#  
013850

**I. IDENTIFICATION**

Name D.J. Letcher Manor, LLC  
Address P.O. Box 747  
City/County/Zip Whitesburg / Letcher / 41858  
Telephone number 606 - 633 - 1434  
Administrator Carla Bishnoi  
Date facility operation began at current address September 1989  
Date facility began operation under current owner December 1998



II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled		
Nursing Home		
Nursing Facility	<u>142</u>	<u>142</u>
Intermediate Care		
ICF/MR		
Personal Care		

**II. CONTROL (check one in each column)**

State  
County  
City  
Private

Profit  
Nonprofit

Individual  
Partnership  
Corporation, LLC

**II. OWNERSHIP**

Name and address of individual owner, partners or corporation. If partnership, list partners.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

9/30

If facility owned or leased by a corporation, complete the following:

Name of corporation DS Lettles Manor, LLC  
Address of corporation 300 Provider Ct, Ste 100 Richmond Ky 40475  
President or Chairman Delbert Owsley, Member  
Vice President \_\_\_\_\_  
Secretary John Sword, Member  
Treasurer \_\_\_\_\_

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
_____	<u>PMD Corporation</u>
_____	<u>300 Provider Court Ste 100</u>
_____	<u>Richmond, Ky 40475</u>

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

<u>[Signature]</u>	<u>CFO</u>	<u>9/3/09</u>
Signature of authorized representative	Title	Date

Return Application and fee to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

OIG 5  
(10/2002)

Attachment

Schedule of Owners:

DJ Letcher Manor, LLC

Delbert Ousley      Member

John D. Sword      Member

